



UNIVERSITY OF
CENTRAL
ARKANSAS™

UCA Camps

Department: _____

Camp Date: _____

Name of Camp - SUMMER CAMP CHECKLIST

CAMP INFORMATION	
Camp director name: Additional contacts: Camp Coordinator:	
Campus address:	
Telephone number:	Office - _____ Cell - _____
Email address:	
Registration Cost	
Est. # of campers: Final # of campers: Est. # of staff/volunteers Final # of staff/volunteers	

CHECKLIST	NOTES
<input type="checkbox"/> Route Camp Institutional Request Form <input type="checkbox"/> Housing accommodations Requested _____ Approved _____ <input type="checkbox"/> Residence Hall/s requested: <input type="checkbox"/> _____ <input type="checkbox"/> Residence Hall/s assigned: <input type="checkbox"/> _____ <input type="checkbox"/> Confirm residence hall reservation with Housing/Vaneta Fricks. <input type="checkbox"/> Roommate assignments complete <input type="checkbox"/> Receive confirmation of camp from Outreach <input type="checkbox"/> Set up website for Marketing/Payments	
Staffing & employment needs <input type="checkbox"/> Create & submit Vendor forms if person is new to the system (W9) <input type="checkbox"/> Create & submit I-9/PAFs/Concurrent Employment forms -UCA employees <input type="checkbox"/> Create & submit Contract Routing & Approval Forms & Letters of Agreement <input type="checkbox"/> Student Hiring Forms/Packet <input type="checkbox"/>	

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Registration Set up registration form</p> <p>Marketing <input type="checkbox"/> Email Blasts <input type="checkbox"/> Social Media</p> <p>Venues Location</p> <p>Location 1 _____ Location 2 _____ Location 3 _____ Location 4 _____ Location 5 _____</p>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Daily Camp Schedule <input type="checkbox"/> Preliminary <input type="checkbox"/> Final</p> <p>Camp Packet</p> <p>Copies needed</p> <p>Name Tags needed <input type="checkbox"/> Name tags complete</p> <p>Work Orders for set up of spaces</p> <p>Stage <input type="checkbox"/> Needed <input type="checkbox"/> Order submitted <input type="checkbox"/> Order approved</p> <p>Mats/Equipment <input type="checkbox"/> Needed <input type="checkbox"/> Ordered submitted <input type="checkbox"/> Order approved</p> <p>Storage needed in Physical plant</p> <p>Deliveries needed to Physical plant</p> <p>Tent <input type="checkbox"/> Requested <input type="checkbox"/> Ordered</p>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>AV needs _____</p> <p>Other needs for room ex. Tripod, whiteboard _____</p> <p>Equipment needs _____</p>	
<input type="checkbox"/>	<p>Meal/catering needs Cafeteria <input type="checkbox"/> Meal Bands for cafeteria <input type="checkbox"/> Color Used: _____ <input type="checkbox"/> First Meal for Staff: Date _____ Meal _____ <input type="checkbox"/> First Meal for Campers: Date _____ Meal _____ <input type="checkbox"/> Last meal for Campers: Date _____ Meal _____</p>	
<input type="checkbox"/>	<p>Catered Food <input type="checkbox"/> Orders Placed Date _____</p>	
	<p>Required Camp Forms for Staff working with Minor Children <input type="checkbox"/> Arkansas Child Maltreatment Training Certification (yearly) <input type="checkbox"/> Criminal Background Checks for staff/volunteers (within 5 years) <input type="checkbox"/> Liability Waivers for Campers <input type="checkbox"/> Liability Waivers for staff/volunteers <input type="checkbox"/> Medical Forms for Campers</p>	<input type="checkbox"/> Received/Collected <input type="checkbox"/> Submitted to HR <input type="checkbox"/> Received/Collected <input type="checkbox"/> Submitted to HR <input type="checkbox"/> Received/Collected <input type="checkbox"/> Submitted to OR <input type="checkbox"/> Received/Collected <input type="checkbox"/> Submitted to SH
<input type="checkbox"/>	<p>Check-in Location for check-in _____ Date _____ Time _____</p>	
<input type="checkbox"/>	<p>Signage <input type="checkbox"/> Directional Signs <input type="checkbox"/> Lobby/Door/Table Signs</p>	
<input type="checkbox"/>	<p>Golf Cart (for Disability Uses ONLY) <input type="checkbox"/> Request from Police Chief <input type="checkbox"/> Approval from Police Chief</p>	

<input type="checkbox"/>	Parking Passes <input type="checkbox"/> Needed <input type="checkbox"/> Printed or emailed	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CAMP CLOSEOUT/ASSESSMENT/REVIEW Injuries during camp _____ Recommendations for next year _____ Verify payment of catering/cafeteria Verify payment of staff Verify payment of Student Health Verify final # of campers attending camp Total: _____ Close out camp Complete Camp Institutional Request form for next year. (Outreach)	